

<b>MEDICAL</b>	<b>PLANS Battelle PNNL Medical</b>
TYPE:	PPOs
ELIGIBILITY:	
Employees	Salaried employees
Waiting Period	Coverage retroactive to date of hire if employed 31 days and enrollment form is completed within 31 days.
Exclusions	No pre-existing
BENEFITS:	See PPO
Deductible:  Employee Employee & Spouse or Child Employee, Spouse and Children	
Co-insurance	
Out-of-pocket Maximum  Employee Employee & Spouse or Child Employee, Spouse and Children	
Lifetime Maximum	
SPECIAL PROVISIONS:	
Cost Containment	
Prescription Benefit	
Oral Surgery	
Vision	
OTHER PROVISIONS:	
<b>HMO</b>	<b>NONE</b>
Coverage	
Vision	

Employee Only Employee & Children Employee & Spouse Employee & Family	
<b>PPO</b> <b>POS</b>	(1) Anthem PPO Blue Cross/Blue Shield (2) Premera PPO Blue Cross/Blue Shield
Deductible:  Employee Employee & Spouse or Child Employee, Spouse and Children	(1) \$0 (2) \$250/\$500 (In Network)  (1) \$0 (2) \$250/\$500 (Out of Network)
Co-insurance	(1) 100%/0% (2) 100%/0% on certain services; 80/20% on certain services (In Network)  (1) 0% (2) 60/40% (Out of Network)
Out-of-pocket Maximum  Employee Employee & Spouse or Child Employee, Spouse and Children	Not including deductible:  (1) \$1,000/\$2,000 (2) \$2,250/\$5,500 (In Network)  (1) \$0 (2) \$2,250/\$5,500 (Out of Network)
Lifetime Maximum	(1) \$2,000,000 (2) \$2,000,000
SPECIAL PROVISIONS:	
Cost Containment	-Large Case Management
Prescription Benefit	<b>(1 &amp; 2): 3 tier (generic, preferred, non-preferred)</b> <ul style="list-style-type: none"> <li>• Retail \$15 / \$30 / \$40</li> <li>• Mail Order \$20 / \$60 / \$80</li> </ul>

Oral Surgery	<p>Charges for dental work necessitated by accidental injury to natural healthy teeth while covered under this plan (otherwise, covered under dental)</p> <p>(1) covered at 100% after applicable ER or office visit co-pay, In Network Only</p> <p>(2) covered at 80% after the deductible, both In and Out of Network</p>												
Vision	<table> <tr> <td></td> <td><b>(1)</b></td> <td><b>(2)</b></td> </tr> <tr> <td>Exam</td> <td>100%</td> <td>\$20 IN / 70% after \$20 copay &amp; deductible OON</td> </tr> <tr> <td>Hardwr</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Limit</td> <td>\$150/2yr</td> <td>same</td> </tr> </table>		<b>(1)</b>	<b>(2)</b>	Exam	100%	\$20 IN / 70% after \$20 copay & deductible OON	Hardwr	100%	100%	Limit	\$150/2yr	same
	<b>(1)</b>	<b>(2)</b>											
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Hardwr	100%	100%											
Limit	\$150/2yr	same											
OTHER PROVISIONS:	<p><b><u>Wellness/Preventative</u></b></p> <p>(1) IN \$20 copay then covered at 100%, OON not covered</p> <p>(2) IN \$20 copay then covered at 100% , (limit \$500 yr pp); OON not covered</p>												
<b>DENTAL</b>													
ELIGIBILITY:	Salaried Employees												
Waiting Period	Coverage retroactive to date of hire if employed 31 days and enrollment form is completed within 31 days.												
BENEFITS:													
Deductible	\$50 / \$150												
Co-insurance													
Type A/Class I- Preventive	100% R&C (deductible doesn't need to be met)												
Class II-Routine	80% R&C after deductible												
Type B/Class III-Major	60% R&C after deductible												
Oral Surgery	80% R&C after deductible												
Type C/Class IV-Ortho	60% R&C after deductible												

Annual Maximum	\$1,500 pp
Lifetime Maximum	Ortho - \$1,500 pp
SPECIAL PROVISIONS:	2 exams in any calendar year
<b>LIFE INSURANCE/ DISABILITY INCOME</b>	
<b>BASIC GROUP LIFE</b>	
ELIGIBILITY:	
Staff Member	Same
Waiting Period	Same
BENEFITS:	
Basic Life	1.5 x base annual salary to \$2.0 million combined
Supplemental Life	Same
Dependent Coverage	Same
Basic Life	Same
Supplemental Life	Paid by Employee (Age Based)
Dependent Life Coverage	Paid by Employee Option 1 (\$5,000) Spouse \$1.00; Child \$0.50 Option 2 (\$10,000) Spouse \$2.00; Child \$1.00
<b>ACCIDENTAL DEATH &amp; DISMEMBERMENT</b>	
ELIGIBILITY:	
Employees	Salaried employees
Waiting Period	1st of the month following the day the form is signed. Must be received by Benefits Admin. within 31 days of date of hire.
BENEFIT:	\$20,000 up to \$750,000

OTHER PROVISIONS:	Family Plan percent of employee coverage.
PREMIUMS:	Single        \$0.14 per \$10,000 Family        \$0.20 per \$10,000
ELIGIBILITY:	
<b>BUSINESS TRAVEL ACCIDENT</b>	
Employees	All employees
Waiting Period	1st day of employment
BENEFITS:	\$500,000
PREMIUMS:	Paid by Battelle
<b>LONG-TERM DISABILITY</b>	
ELIGIBILITY:	
Staff Member	Salaried employees
Waiting Period	1st day of employment
Eligibility Period	180 days total disability accumulating within 12 months
BENEFITS:	50% base monthly salary, if unsupplemented; 60%, if supplemented; minimum benefit is the greater of \$100 or 10% of base monthly salary
Maximum Monthly Base Salary Amount	\$20,000
Pre-existing Condition	12 months for any disability diagnosed or treated within 90 days prior to coverage
PREMIUMS:	Paid by Battelle
<b>SHORT-TERM DISABILITY</b>	
Benefit	<i>Short Term Disability = 4 weeks paid at 100%, 22 weeks at 60%</i>
Cost	Paid by Battelle
<b>SECTION 125 - FLEXIBLE REIMBURSEMENT</b>	
Contributions	Pre-tax payment of monthly medical plan premiums

Health Care Account	Pre-tax payment of unreimbursed health care expenses, up to \$5,000
Dependent Daycare Account	Pre-tax payment of daycare expenses, up to \$5,000
<b>EMPLOYEE ASSISTANCE PROGRAM</b>	
	<i>On-site counseling</i> , legal, financial & other through United Behavioral Health (UBH). (also called Working Solutions)
<b>TUITION REIMBURSEMENT</b>	
	<i>Up to 100% reimbursement</i> for tuition and certain fees. Requires management approval and is subject to available funds.
<b>SEVERANCE PAY</b>	
ELIGIBILITY:	
Employee	Same
Waiting Period	1 year service
BENEFITS:	Same.
	1 week of severance for each full year of service, minimum 1 week, maximum 20 weeks.  Grandfathered (transferred staff with continuous Battelle or GE service) maximum 20 weeks.
<b>WORKERS' COMPENSATION</b>	
ELIGIBILITY:	
Employees	Same
Waiting period	Same
PREMIUMS:	Washington State law requires nominal employee contribution toward cost of coverage.
<b>HOLIDAYS</b>	
	10 days

	New Year's Day Memorial Day Independence Day Labor Day Thanksgiving Day Day after Thanksgiving Christmas Eve Day Christmas Day 2 personal floaters chosen by staff																				
<b>FUNERAL LEAVE</b>																					
ELIGIBILITY:																					
Employees	Same																				
	Same																				
<b>SALARY CONTINUANCE - SICK LEAVE</b>																					
ELIGIBILITY:																					
Employee	Same																				
	Not accrued. <i>No policy maximum</i> ; Based on individual situations.																				
<b>VACATION</b>																					
	Salaried employees receive vacation with pay at their base salary rates on the following basis. Vacation accrual is based on service anniversary date.																				
Accrual	<p><b>Exempt</b></p> <table> <thead> <tr> <th><u>Years</u></th> <th><u>Weeks</u></th> </tr> </thead> <tbody> <tr> <td>0 - 3</td> <td>2</td> </tr> <tr> <td>3 - 5</td> <td>3</td> </tr> <tr> <td>5 - 20</td> <td>4</td> </tr> <tr> <td><b>20+</b></td> <td><b>5</b></td> </tr> </tbody> </table> <p><b>Non-Exempt</b></p> <table> <thead> <tr> <th><u>Years</u></th> <th><u>Weeks</u></th> </tr> </thead> <tbody> <tr> <td>0 - 5</td> <td>2</td> </tr> <tr> <td>5 - 10</td> <td>3</td> </tr> <tr> <td>10 - 20</td> <td>4</td> </tr> <tr> <td><b>20+</b></td> <td><b>5</b></td> </tr> </tbody> </table> <p>Vacation accrues weekly</p>	<u>Years</u>	<u>Weeks</u>	0 - 3	2	3 - 5	3	5 - 20	4	<b>20+</b>	<b>5</b>	<u>Years</u>	<u>Weeks</u>	0 - 5	2	5 - 10	3	10 - 20	4	<b>20+</b>	<b>5</b>
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Carryover	<b>240 hours</b>
Other	Permit use of vacation in less than 8 hour increments
<b>SAVINGS PLAN - 401(k)</b>	
<b>ELIGIBILITY:</b>	
Employees	Salaried employees immediately/ hourly employees after 1000 hours in first 12 months of employment or any Plan Year.
Waiting Period	None
<b>BENEFITS:</b>	
Contributions	Up to 50% before-tax and/or after-tax (12% after-tax limit for highly compensated employees)
Employer Match	50% on first 8 percent of employee contributions
Vesting	Cliff vesting to 100% after 3 years of service
Investment Options	Same
Loan Program	Yes
<b>PENSION</b>	
TYPE:	<b>Unintegrated</b> , Noncontributory Final Average Pay (5-year) Plan
<b>ELIGIBILITY:</b>	
Employees	Salaried employees - no service or age restrictions, hourly employees after 1000 hours of service in first 12 months of employment or any Plan Year.
Waiting Period	Immediate participation after eligibility
Normal Retirement Age	65
Earliest Non-reduced	<b>60</b>
Earliest Reduced	<b>55</b>
Minimum Service Required	5 years
Employee Contribution	None
Vesting	5-year cliff
BENEFITS:	<b>1.6 x 5-year average salary x years of service to 40 years.</b>

Form of Payment	<ul style="list-style-type: none"> <li>• J &amp; S – 100,75,66,50%</li> <li>• Single Life –</li> <li>• 0, 10, 20 year period certain</li> </ul>
<b>RETIREMENT BENEFITS</b>	
ELIGIBILITY	Salaried employees age 55 with 10 years' salaried service
PROVISIONS:	
<b>MEDICAL</b>	
Retirement Prior to Age 65	Maximum level of coverage \$2M including pre-retirement expenses but excluding any expenses incurred while covered under a PPO. If spouse survives retiree benefits continue until death or remarriage of spouse.
Post Age 65 - Medicare Supplement	Medicare is primary. Carve-out COB. Maximum level of coverage \$2M including pre-retirement expenses but excluding any expenses incurred while covered under a PPO. If spouse survives retiree benefits continue until remarriage of spouse.
<b>DENTAL</b>	
	No orthodontia coverage in Retiree Plan. If spouse survives retiree benefits continue until remarriage of spouse.
<b>LIFE INSURANCE</b>	
	<ol style="list-style-type: none"> <li>1. Basic coverage can continue up to 1.5X pre-retirement salary minimum of \$10,000, maximum \$50,000 to age 65. <ul style="list-style-type: none"> <li>- After age 65, coverage is convertible.</li> </ul> </li> <li>2. Supplemental Life - Retirement prior to age 65, coverage is portable (can be continued to age 75) at 100%, 75%, or 50%, up to \$250,000, but not to exceed pre-retirement coverage. Coverage in excess of \$250,000 is convertible. Retirement after age 65, coverage is convertible.</li> </ol>
PREMIUMS:	

	Basic Coverage - \$.135 per thousand
	Supplemental - port rates per thousand
	50-54 \$0.48
	55-59 0.80
	60-64 1.27
	65-69 1.97
	70-74 3.30